AACR MINORITY SCHOLAR AWARD APPLICATION



American Association for Cancer Research (AACR) Special Conference on

Oncogenomics: Dissecting Cancer through Genomics Research

January 25-27, 2001 Westin La Paloma Tucson, AZ

(Supported by a generous grant from the Comprehensive Minority Biomedical Program of the National Cancer Institute)

Funds are provided through the Comprehensive Minority Biomedical Program of the National Cancer Institute for the travel of a limited number of minority scientists to this conference. Eligible scientists are full-time predoctoral (graduate or medical) students, residents, clinical or postdoctoral fellows, and junior faculty who are either engaged in cancer research, or who have training and the potential to make contributions in this field.

This Scholar program applies **only** to minority groups which have been defined by the National Cancer Institute as being traditionally underrepresented in cancer and biomedical research; these groups are African Americans, Alaskan Natives, Hispanic Americans, Native Americans, and Native Pacific Islanders. Only citizens of the United States and Canada or scientists who are permanent residents in those countries may receive one of these awards.

Awardees will be selected on the basis of their qualifications, references from mentors, and an estimation of the potential professional benefit to the awardees. Applicants will be chosen from both minority institutions and the larger bodies of universities, colleges, and research institutes. If accepted, applicants are required to submit a report commenting on the scientific sessions they attended at the conference, as well as on the Minority Scholar Award Program. Letters of reference must accompany this application. Please use an extra sheet of paper if additional space is required. Further information regarding the award program can be obtained by contacting Ms. Robin E. Felder, Manager, Minority Scholar Award Program, at the AACR Office. *The deadline for receipt of applications for this Conference is November 25, 2000.*

American Association for Cancer Research
Public Ledger Building, Suite 826
150 S. Independence Mall West
Philadelphia, PA 19106-3483
215-440-9300 • 215-440-9412 (FAX)

E-Mail: felder@aacr.org

2000 AACR Minority Scholar in Cancer Research Award Application

"Oncogenomics: Dissecting Cancer through Genomics Research"
January 25-27, 2001, Westin La Paloma, Tucson, AZ

(Supported by a generous grant provided by the Comprehensive Minority Biomedical Program of the National Cancer Institute)

 APPLICANT NAME (Last, first, 	middle initial)			
2. CITIZENSHIP (please check only Leading Permanent R. Leading Permanent R. Leading Permanent R. (Note: Only citizens or permaner and Canada are eligible for these	esident US esident Canada ent residents of the US	3. POSITION TITLE (please chemostric please chemostric please chemostric please chemostric please chemostric please specify) 3. POSITION TITLE (please chemostric please chem	Medical Student Clinical or Postdoctoral	Fellow
4. INSTITUTIONAL ADDRESS				
Department				
Street				
City, State or Province, Zip Code	e			
5. TELEPHONE No. (Area code, n	number, extension)		_	
6. FAX No. (Area code, number)			_	
7. E-Mail Address			-	
8. RACE:				
☐ African American ☐	Hispanic American	☐ Alaskan Native		
☐ Native Pacific Islander (S	pecify)			
□ Native American (Supply	Tribe and Number)			
9. SEX MaleFemale				
10. BIRTH DATE (Month, day, year	·)			
11. PLACE OF BIRTH (Country)_				
12. EDUCATION (Begin with bacca	llaureate or other initial	professional education, and include	postdoctoral or clinical trainin	g, if any.)
INSTITUTION AND LOCATION			DEGREE	
YEAR CONFERRED	FIELD OF STUDY			
INSTITUTION AND LOCATION	I.		DEGREE	
YEAR CONFERRED	FIELD OF STUDY			
INSTITUTION AND LOCATION			DEGREE	
YEAR CONFERRED	FIELD OF STUDY			

13.	13. What is your current major program area (please chec	ck only one)?
	Biochemistry and BiophysicsCarcinogenesisEndocrinologyEpidemiologyMolecular Biology & GeneticsPreventionOther (please specify):	Experimental Therapeutics Immunology
14.	14. Describe any laboratory research experience or other	training.
15.	15. Describe your research experience in the field of cand	er research.
16.	16. List any peer-reviewed publications on which you are	e listed as an author or co-author.
17.	 Describe your long-range educational and research tra research. 	ining goals, as well as your career objectives in cancer and biomedical
18.	18. Indicate the basis of your interest in attending this AA	.CR Special Conference.
19.	19. Comment on your particular qualifications for this Mi	nority Scholar Award.
20.	20. Have you previously attended any national scientific r	neetings? If so, please list them.
21.	21. How did you learn about the availability of this AACR	Minority Scholar Award?
22.	22. Have you received a Minority Scholar Award to attend Cancer Research?YesNo If yes, how many? (Please list meetings and d	d any previous AACR Annual Meeting or Special Conference in ates.)

Sponsor 1	Sponsor 2	
Name	Name	
Title	m'd	
Institution	Institution	
Address		
Telephone No		
FAX No.		
E-Mail		
through Genomics Research," to att	It to attend the January 2001 AACR Special Conference "Oncogenomics: Dissected all sessions, and to submit a final report on my attendance at the meeting. I all the United States or Canada. If I fail to fulfill any of the requirements of the gr	so certify tha
Signature	Date	
Signature INSTITUTIONAL CERTIFICAT: Legrify that the applicant's statemen	N (please print):	d the check
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/he	onsibility for
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above.	onsibility for rattendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/he	onsibility for rattendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name Institution and Address	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above.	onsibility for rattendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name Institution and Address	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above.	onsibility for rattendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name Institution and Address City, State or Province, Country, Post Telephone No. (Area code, number)	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above.	onsibility for rattendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name Institution and Address City, State or Province, Country, Post Telephone No. (Area code, number) FAX No. (Area code, number)	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above. Title I Code	onsibility for rattendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name Institution and Address City, State or Province, Country, Post Telephone No. (Area code, number) FAX No. (Area code, number) E-Mail Address	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above.	onsibility for r attendance
INSTITUTIONAL CERTIFICAT: I certify that the applicant's statemen will be sent directly to the applicant a ensuring that the total amount of the at the meeting as specifically request Name Institution and Address City, State or Province, Country, Post Telephone No. (Area code, number) FAX No. (Area code, number) E-Mail Address	ON (please print): are true and complete to the best of my knowledge. I understand that, if awarded that there will be no deduction of any indirect costs. Further, I accept the respond is returned to the AACR, if the awardee does not provide a report on his/hell above.	onsibility for r attendance

23. Enclose letters of reference from two faculty members from your institute or an institute that you have attended who can comment

DEADLINE FOR RECEIPT: November 25, 2000